

Antelope Valley Air Quality Management District

TITLE V COMPLIANCE CERTIFICATION

COMPANY NAME:	Permit #:
Certification Period: _____ through _____	

COMPLIANCE CERTIFICATION:

I declare, under penalty of perjury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information provided in this certification package is true, accurate, and complete:

Signature of Responsible Official

Date

Name of Responsible Official (please print)

Title of Responsible Official (please print)

Mail to:
AVAQMD, 43301 Division St., Suite 206
Lancaster, CA 93535-4649

And mail to:
EPA Region IX
Air Division
75 Hawthorne Street
San Francisco, CA 94105-3901

Antelope Valley Air Quality Management District

Title V - COMPLIANCE CERTIFICATION FORMS

In numerical order list all permitted units that are subject to one or more applicable requirements. List all requirements for a permit, each in a separate box, before moving on to the next permit number. Refer to the attached instructions for more information.

Company Name:				Permit #:
Certification Period : _____ through _____				Page ____ of ____
<u>COLUMN 1</u> Permit Unit Number	<u>COLUMN 2</u> Permit Condition No. Specify the Condition No.	<u>COLUMN 3</u> Compliance Status during Period: “CONTINUOUS”; “INTERMITTENT”; OR “NOT IN COMPLIANCE”	<u>COLUMN 4</u> Method for determining Compliance Status.	<u>COLUMN 5</u> Additional Information

Title V - COMPLIANCE CERTIFICATION FORM

INSTRUCTIONS (AVAQMD TV FORM 19)

Follow the instructions for filling out the Certification Form Table Columns #1 through Column #5 for the requirements for each permitted emissions unit, as well as for facility-wide requirements.

- Column 1.** PERMIT NUMBER - Reference the District permit by permit number (e.g. 1500535). The entire permit number must be cited.
- Column 2.** CITE PERMIT CONDITION NUMBER to identify each term or condition of the permit that is the basis of the certification. (i.e. Part II, Condition # 13)
- Column 3.** COMPLIANCE STATUS - Give the compliance status of the permitted unit with respect to the condition.
- Continuous** - If the permitted unit has been in full compliance with the permit condition for the entire certification period, write **Continuous** in this column.
- Intermittent** - If the permitted unit has only been in compliance with the permit condition for a portion of the certification period, write **Intermittent** in this column.
- Not in Compliance** - If the permitted unit was not in compliance with the permit condition during the certification period, write **Not in Compliance** in this column.
- Column 4.** METHOD OF DETERMINING COMPLIANCE - Describe how compliance with the condition was determined (e.g. Opacity Measured by EPA Method 9 weekly, Opacity recorded weekly). For monitoring, recordkeeping, and reporting requirements, describe the monitoring, recordkeeping and reporting practices utilized.
- Column 5.** NOTES – Include or reference any additional information (e.g. breakdown reports, etc) that the District may require for determining compliance status.